



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

*17/8*

re U.S. Patent Application of

ATSUMORI et al.

Application Number: 10/771,450

Filed: February 5, 2004

For: TRAINING ASSISTANT SYSTEM

Attorney Docket No. NITT.0184

Art Unit 3715

Examiner  
Carlos, Alvin Leabres

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	5	5	(Over 20)	x \$52	0
Independent Claims	1	1	(Over 3)	x \$220	220.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	\$220.00

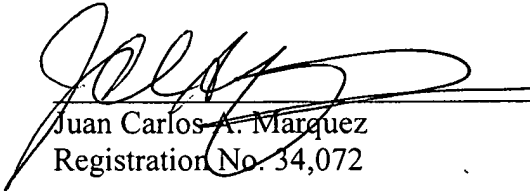
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[ x ] Response/Amendment to Office Action  
(with Claim Amendments)  
[ ] Substitute Abstract  
[ ] Priority Document  
[ ] Information Disclosure Statement  
with Form 1449 and references

[ x ] Petition for Extension of Time for 1 month  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson with \_\_\_ sheets of  
replacement drawings  
[ ] Request for Continued Examination  
[ ] Other

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_.
- [ x ] Credit card information for **\$130.00** for the 1-month extension of time fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 12-0555**.

Respectfully submitted,



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